Medicare & Medicaid Fraud, Waste, and Abuse...

Learn How to Protect

Examples of how to protect yourself from Medicare or Medicaid Fraud, Waste, and Abuse

Learn How to Detect

Examples of Medicare or Medicaid Fraud, Waste, and Abuse

Learn How to Report

Always report problems with your Medicare or Medicaid statement

For your Free Monthly Personal Health Care Journal Contact:



Center for Elder Rights

Consumer Protection Technical Assistance Resource Center

1600 Forest Avenue, Suite 102 Richmond, Virginia 23229 Phone: 804/662-9333

Toll Free 1-800/552-3402 (Voice/TTY)

Fax: 804/662-9354

www.aging.state.va.us

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• Learn How To Protect

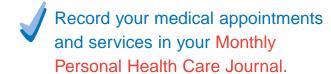


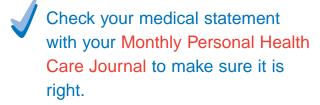
• Learn How To Report

Learn How To

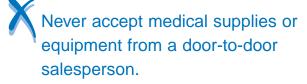
PROTECT

Examples of how to protect yourself from Medicare or Medicaid Fraud, Waste, and Abuse:





Never give your Medicare,
Medicaid, or Social Security
number to strangers or in
exchange for "free" medical equipment or any other "free" offer. Treat
it like a credit card.



Never sign a blank form.

Learn How To DETECT

Call your health care provider if you detect any of these examples of Medicare or Medicaid Fraud, Waste, and Abuse:

- Billing for services not received.
- Incorrect billing or treatment to get a higher payment.
- Overcharging for services or equipment.
- Submitting claims for services that are not medically needed.
- Using another person's Medicare Card to get medical services.
- Offering a "free lunch" or "free exam" and then charging Medicare for it or something else.
- Be aware of kickbacks (payments you get for telling others to go to a certain health care provider.)

Learn How To REPORT

Always report problems with your Medicare or Medicaid statement:



- Call your health care provider first.
 There may be a simple billing mistake.
- 2 If you still have problems after talking to your health care provider, Call 1-800/552-3402 (Voice/TTY) to Report Suspected Medicare or Medicaid Fraud.

When reporting problems have the following information ready:

- Your Medicare or Medicaid Number and Your Name
- Your Health Care Provider's Name
- Date of Service
- Description of Problem

